

ATTACHMENT C
ZION NATIONAL PARK
COMMERCIAL USE AUTHORIZATION
TRIP ITINERARY, 2012

Business Name: _____

Dates of all tours: _____

Dates of arrival in Zion National Park _____

Dates of departure from Zion National Park _____

Camping in Zion National Park? ____ Yes ____ No

Average number of tour participants (including employees): _____

Charge per person: _____

Names of Trip Leaders: _____

Trip leaders' First Aid and CPR qualifications (If a new employee or if copy of certification was not available when application for Commercial Use Authorization was made, attach copy of first-aid certification.): _____

In case of emergency, contact:

Name: _____

Telephone: Office - (____) _____ Home - (____) _____

Name: _____

Telephone: Office - (____) _____ Home - (____) _____

Signature and Title _____ Date _____